

CORI CERTIFICATION APPLICATION

This application should be filled out if you are seeking a greater degree of access to Criminal Offender Record Information (CORI) than is available through a Request for Publicly Accessible Massachusetts CORI. Please contact this agency if those forms do not accompany this CORI Certification Application.

An Agreement of Non-Disclosure and Statement of CORI Certification Compliance is attached to this application. All persons within your organization who will have access to CORI must sign an Agreement of Non-Disclosure and Statement of CORI Certification Compliance prior to receiving CORI from this agency. Please forward signed Non-Disclosure forms for as many individuals in your organization who will receive CORI. Copies of the form may be made as necessary. As additional persons within your organization require access to CORI, additional Agreements of Non-Disclosure and Statement of CORI Certification Compliance must be executed.

Please complete this application and mail to the Criminal History Systems Board, 200 Arlington Street, Suite 2200, Chelsea, MA 02150, ATTN: CORI Unit. Incomplete applications will be returned.

Applications will be processed in the order in which they are received.

Name of Applying Organization: _____

Contact Person and Title: _____

Address: _____

Email Address: _____

Telephone No.: _____ Fax No.: _____

1. This organization is applying as a:

___ Criminal justice agency, pursuant to M.G.L. c. 6 §172 (a);

___ statutorily mandated agency or individual required to have access to CORI; pursuant to M.G.L. c. 6 §172 (b); and/or

___ an agency or individual where the public interest in access to CORI clearly outweighs individual security and privacy interests, pursuant to M.G.L. c. 6 §172 (c).

2. Please describe your organization, together with its function and mission in relation to this application.
3. Please list and attach copies of any statute(s) and/or regulation(s) that require your organization to do CORI checks.
4. Please list and attach copies of any federal or state licenses your organization may have.
- 5a. Please list all job titles you wish to screen with brief job descriptions for each.
- 5b. Where would this service or activity normally occur?
6. Please state whether you seek to screen prospective and/or current employees, volunteers, etc.
7. Please describe your present screening practices. Please state whether you have ever requested publicly accessible criminal records as part of your screening process.
8. Please explain why requests for publicly accessible conviction records are insufficient for purposes of screening your volunteers or employees.
9. Please describe all incidents which occurred which may have been prevented had you been CORI certified.
10. Please describe what measures you would take to store CORI in a secure manner.

I hereby affirm that the information contained in this application and in support thereof is true to the best of my knowledge and belief.

Signature of Authorized Individual

Dated

Criminal Offender Record Information ("CORI")
Individual Agreement of Non-Disclosure and Statement of CORI Certification Compliance

I understand that any person who willfully requests, obtains or seeks to obtain criminal offender record information (CORI) under false pretenses, or who willfully communicates or seeks to communicate CORI to any agency or person except in accordance with the provisions of M.G.L. c. 6, §§168 through 178B, inclusive, shall for each offense be fined not to exceed five thousand dollars (\$5,000.00), or imprisoned in a jail or house of correction for up to one year, or both and/or may be ordered by the Criminal History Systems Board to pay civil fines not to exceed five hundred (\$500.00) for each willful violation.

I understand that CORI certification authorizes me to only request, access, and review CORI to the extent authorized by the CHSB. The extent of the certification will be included in the agency's CORI certification letter and I agree to read, understand, and request CORI only for those individuals for which the CHSB has granted certification.

I have reviewed, understand and agree to comply with the CHSB audit guidelines that are available at www.mass.gov/chsb. I agree to store and disseminate CORI consistent with these guidelines.

I understand how to read and interpret a CORI report and have reviewed the information provided by the CHSB entitled "How to Read a BOP" that is available at www.mass.gov/chsb. I agree to provide all applicants with a copy of their CORI upon request so they may review it.

I understand that all agencies certified to access CORI are required to maintain an agency CORI policy and will review the Model CORI policy that is available at www.mass.gov/chsb.

I also understand that a criminal record check will be conducted on me by the Criminal History Systems Board as a prerequisite to my having authorization for access to CORI. You will only be notified if you are determined inappropriate to access CORI.

Signed this _____ day of _____, 200____.

Signature

Last name

First name

Middle initial

Maiden name

Alias

Date of Birth (MM/DD/YY)

Social Security Number (requested but not required)

Job title

Driver's License # State

Agency/ Business

Agency Code (if previously certified)

Address

This document is to be completed by ALL persons employed by, contracted with, or otherwise operating in association with the herein named agency, and who may have access to CORI.